APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY

Version 01.1

* 1.a. Type of Submission:

● Application

○ Plan

○ Funding Request

○ Other

* Other (specify)

* 1.b. Frequency:

● Annual

○ Quarterly

○ Other

* Other (specify)

* 1.d. Version:

● Initial   ○ Resubmission   ○ Revision   ○ Update

* 2. Date Received:
08/13/1967

STATE USE ONLY:

3. Applicant Identifier:

5. Date Received by State:
08/13/1967

4a. Federal Entity Identifier:

6. State Application Identifier:

4b. Federal Award Identifier:

1.c. Consolidated Application/Plan/Funding Request?

Yes ●   No   ○

7. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN):
StringStringStringString

* c. Organizational DUNS:
00000000000

d. Address:

* Street1:

Street2:

* City:

County:

* State:
AL: Alabama

Province:

* Country:
AFG: AFGHANISTAN

* Zip / Postal Code:

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this submission:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Title:

Organizational Affiliation:

* Telephone Number:

Fax Number:

* Email:

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* 8a. TYPE OF APPLICANT:

A: State Government

* Other (specify):

b. Additional Description:

* 9. Name of Federal Agency:

10. Catalog of Federal Domestic Assistance Number:

CFDA Title:

11. Areas Affected by Funding:

12. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:

b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

13. FUNDING PERIOD:

a. Start Date:

08/13/1967

b. End Date:

08/13/1967

14. ESTIMATED FUNDING:

* a. Federal ($):

0.00

b. Match ($):

0.00

* 15. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?

● a. This submission was made available to the State under the Executive Order 12372 Process for review   08/13/1967

○ b. Program is subject to E.O. 12372 but has not been selected by State for review.

○ c. Program is not covered by E.O. 12372.

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Standard Form 424 Mandatory (Effective 08/2005)
Prescribed by OMB Circular A-102

Tracking Number: **Funding Opportunity Number:**   **Received Date: Time Zone: GMT-5**

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* 16. Is The Applicant Delinquent On Any Federal Debt?

Yes ●   No ○

17. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I Agree ☑

** This list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

Organizational Affiliation:

* Telephone Number:

* Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

08/13/1967

Attach supporting documents as specified in agency instructions.

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* Consolidated Application/Plan/Funding Request Explanation:

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* Applicant Federal Debt Delinquency Explanation:

Attachments

File Name   **Mime Type**